## MAINE CRIMINAL JUSTICE ACADEMY 15 OAK GROVE ROAD, VASSALBORO, ME 04989

PHONE: (207) 877-8000

FAX: (207) 877-8027

## APPLICATION FOR IN-SERVICE TRAINING

COURSE NAME:	
COURSE LOCATION:	STARTING DATE:
APPLICANT'S NAMEFirst	
NAME OF EMPLOYING AGENCY:	
AGENCY BILLING ADDRESS:Street	t City/Town Zip
	APPLICANT PHONE:
*APPLICANT'S AGENCY EMAIL: (REQUI	(RED)
*APPLICANT'S SOCIAL SECURITY NUMI	BER ( <u><b>REQUIRED</b></u> )
APPLICANT MUST	COMPLETE THE FOLLOWING
I,department/agency officially connected or associate accident.	release the sponsoring agency and any other ed with this training program from any liability in the case of illness or
SIGNED:	DATE:
The	(Agency Name) approves this applicant for training and releases the cy officially connected or associated with this training program from
SIGNED:Chief/Department Head/Supervis	TITLE:
PRINTED NAME:	
Meals and Lodging Information - (the following must be completed to be accepted into class)	
There are three options, please select one:	Select
1. No meals and no lodging: no charge.	
2. Day Student only: you will be billed \$8.00	per day for the lunch meal.
3. Residential student: you will be billed \$15 for all meals served during your class.	5.00 per night and \$8.00 per meal